

AGENCY INFORMATION

1. Agency Director:

Name: _____ Telephone: (____) _____
 Title: _____ FAX: (____) _____
 Address: _____ E-Mail Address: _____

 _____ Zip: _____

2. Agency Fiscal Officer:

Name: _____ Telephone: (____) _____
 Title: _____ FAX: (____) _____
 Address: _____ E-Mail Address: _____

 _____ Zip: _____

3. Agency Official with Board Authority to Commit Agency to an Agreement and Sign Grant Agreement:

Name: _____ Telephone: (____) _____
 Title: _____ FAX: (____) _____
 Address: _____ E-Mail Address: _____

 _____ Zip: _____

4. Project Director (Agency Contact Regarding Application):

Name: _____ Telephone: (____) _____
 Title: _____ FAX: (____) _____
 Address: _____ E-Mail Address: _____

 _____ Zip: _____

5. Agency Tax Status:

____ Public (Government/University)
 ____ Private, Nonprofit
 ____ Other (Specify): _____

6. Organization's Fiscal Year Dates:

From: _____ to _____